CLIENT SURVEY QUESTIONNAIRE

It is our intent to provide you the best services possible and to help you to understand the City's codes and ordinances so that you can complete your planned project safely and successfully. Please take a moment to tell us how we performed. It will help to recognize employees who serve with distinction and to correct any problems within the department.

What was the purpose of your visit?				
() Building Permit	() Mechanical Permit		() Other permit Information	
() Electrical Permit	() Plumbing Permit		() Plan Routing/Review	
() Housing Inspection	() Other			
Please indicate your evaluation of our s	ervice performed:			
Overall Service Employee efficiency/knowledge Employee courtesy	EXCELLENT	GOOD	UNSATISFACTORY	
Please list any comments or suggestion	s that might allow us to	serve you bet	tter in the future:	
Who from the Inspections Department a with this person?	ssisted you? Do you na	ve any comme	ents regarding your interaction	
Thank you for taking the time to compount customer service. If you would like, you				
The following information is optional:				
I wish to be contacted I do	not wish to be contacted	I wish Offici		
Name	Comp	Company		
Address	Telephone			
Date				

Please return completed form by mail or leave at front desk. Thank you,

Bruce Taralson

Inspections Administrator

City of Fargo - Inspections 200 3rd Street North Fargo, ND 58102

EMAIL TO: inspections@cityoffargo.com

PLEASE AFFIX POSTAGE

CITY OF FARGO INSPECTIONS DIVISION 200 3RD ST N FARGO ND 58102